

DEPARTMENT OF  
PUBLIC HEALTH AND HUMAN SERVICES



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TO: Diana Ochsner, Board Chairperson  
Sylvia Danforth, Executive Director  
Developmental Educational Assistance Program

FROM: Novelene Martin *NM*  
Quality Improvement Specialist

DATE: April 1, 2005

SUBJECT: Quality Assurance Review

Attached are the results of the Quality Assurance Review completed by the Developmental Disabilities Program. The services reviewed were: Skyreach Youth Home, Supported Living, Community Supports, Family Education and Support Part C, General Fund, and Waiver.

All individuals and families who participated in the review indicated how pleased they were with DEAP services. I would like to thank the individuals and families for their willingness to take the time to visit with me about services.

Thank you to the Family Support Specialist and all other DEAP staff who have been so helpful in completing the review.

Attachment

cc: Dain Christianson, Regional Manager  
DEAP File  
Tim Plaska, Bureau Chief  
Perry Jones, Waiver Coordinator  
John Zeeck, Quality Assurance Specialist  
Erica Peterson, Child and Family Coordinator

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DEVELOPMENTAL EDUCATIONAL ASSISTANCE PROGRAM  
Quality Assurance Review  
Community Supports, Supported Living, and Children's Group Home  
January 2004 through December 2004

The Developmental Disabilities Quality Assurance for Adult Services was completed for the time period of January 2004 through December 2004. The review encompassed the following DEAP services: Community Supports, Supported Living, and the Skyreach Youth Home. A total of ten individuals were included in the review. Five individuals receive community supports, two individual receive supported living, and three individuals reside at the Skyreach Youth Home.

ADMINISTRATIVE:

DEAP continues to receive accreditation through the Accreditation Council. They are in the second year of a three-year accreditation. The Skyreach Youth Home has been inspected by the Fire Marshall and Sanitarian. It is licensed through the Quality Assurance Division.

An A-133 audit was completed for the fiscal year ending June 30, 2004. During the audit, it was noted that DEAP's fidelity bond was below the required amount of \$129,774. DEAP has raised their fidelity bond to \$135,000.

Overall, DEAP is financially stable agency. They are able to maintain their financial stability while still making sure that the needs of the individuals in their services are being met.

SPECIFIC SERVICES REVIEWED:

**1. Residential (Skyreach Youth Home and Supported Living):** At the Skyreach Youth Home, I reviewed the services received by [redacted] and [redacted] reviewed the supported living service being received by [redacted] and [redacted].

I. Health and Safety: There were not health and safety concerns noted during the review of the Skyreach Youth Home and the individuals receiving Supported Living services. There were no medication errors at the Skyreach Youth Home (QAOS #2). During the Supported Living review, it was discovered that a staff that was assisting with filling his medication box was not longer certified. The Supported Living coordinator will set up a notification system that will let staff know 3 months prior to their expiration date of the need to recertify (QAOS #1). All individuals receiving medications are on training objectives working toward independence or their IP team has determined the person has reached their capacity. I had the opportunity to visit the home [redacted] purchased through the home ownership project. [redacted] seems to take great pride in being a homeowner. All the team members that assisting [redacted] in making this dream happen are to be commended (QAOS #3). [redacted] continues to live in his own

apartment. This past year moved into a new apartment. Staff continue to provide the necessary supports to assist maintaining his independence. In order to ensure consistency with the support, DEAP holds a monthly meeting which includes all of ; support staff (both paid and unpaid) (QAOS #4) are invited. The Skyreach Youth Home continues to make sure the home meets the needs of the individuals. The home is licensed by the Quality Assurance Division and undergoes an annual fire inspection and sanitation inspection. No concerns were noted as a result of these inspections.

In general, DEAP does an excellent job ensuring the health and safety needs of the individuals in their residential programs are met.

II. Service Planning and Delivery: No concerns were noted during the review of the individual planning process. Individuals and their families are included in the IP process. The plans are based on the strengths and needs identified through the assessment. As individual needs change, DEAP makes changes in the IP to reflect those changing needs and better support the individual. The staff at the Group Home focus the training objectives on teaching individuals the skills they will need once they move into adult services (QAOS #5). The objectives for the individuals in supported living are based on the unique needs to each person, ensuring that the person has the necessary support to maintain their independence.

DEAP staff ensures the individuals have the opportunity to participate in leisure and community outings. The group home staff assist the individuals in participating in daily leisure skills and weekly-integrated community outings. A review of the leisure activities showed that most of the time appropriate activities are being offered to the individuals. Although staff may need reminders that television is not considered a leisure activity since it does not require active participation. The individuals in supported living services are assisted, as needed, by staff in participating in community activities. with staff support, has attended music night at a local bookstore.

DEAP assists the individuals as necessary in meeting their health and safety needs. The Skyreach Youth Home staff and manager ensure the necessary medical appointments are completed and the information is shared with team members. They support and encourage family participation in the medical appointments. The staff providing supported living services assist the individuals, as requested by the IP team, in meeting health needs.

In visiting the individuals receiving services from DEAP, they all expressed satisfaction with the services. Individuals knew who to talk to at DEAP if they had concerns with services. During on-site visits, training activities, and other day-to-day interaction with DEAP staff, it is apparent the agency's commitment to providing quality care to the individuals and their families.

III. STAFFING: DEAP policy states all staff will have a Department of Justice criminal background check completed prior to hire. A review of the three most recent hires showed that this background check had been completed on the individuals.

Individuals receiving supported living services are involved in the hiring process for habilitation aides. All habilitation aides participate in orientation training and other ongoing training activities such as first aid and Mandt. During the QA review, a staff person from each service area is quizzed on DD service policy. The staff persons from the group home and supported living answered all questions correctly (QAOS #6). The orientation process/topics are very comprehensive and presented in a friendly, easy to understand format. The topics are also reviewed on a regular basis as reminders to staff. During each staff ratio check at the Skyreach Youth Home, they have always had the number of staff required by their contract.

IV. INCIDENT MANAGEMENT: This past year, no reports of suspected abuse, neglect, or exploitation were made regarding any consumers receiving supported living or group home services at DEAP. Incident reports are completed and submitted in a timely manner. Any follow-up by DEAP is also noted on the report. This past year has been a particular challenge for one of the individuals at the Skyreach Youth Home. The manager and staff are to be commended for their commitment to this individual and their ongoing attempts to make sure they are not making his life more difficult (QAOS #7).

**2. Community Supports:** I reviewed the services of five individuals in Community Supports. These individuals were:

I. Health and Safety: There were no unaddressed health and safety concerns noted during the review of individuals receiving community supports. All of the individuals reviewed currently live with family who provide the majority of the support in this area. DEAP does not assist any of these individuals in medication administration. One individual does have some ongoing health problems and DEAP continues to work with her doing activities that can have a positive impact on her health. Any health and safety concerns that arise during the year are brought to the attention of the IP team and case manager.

II. Service Planning and Delivery: DEAP staff are well prepared for IP meetings. The assessments cover the areas identified by the individual and their family as needing addressed. DEAP staff encourage family input and participation in the planning process. A review of objectives and corresponding data showed objectives were written in measurable terms. Very good data collection methods have been implemented. The data clearly shows what objective was addressed and along with a description of the activity (for example, an objective to assist an individual in taking a walk had data that not only showed the date and time of the walk but also how far) (QAOS #8). In visiting with individuals and families receiving community supports, great satisfaction with the services provided by DEAP was expressed. Families expressed gratitude toward the habilitation aides and Family Support Specialists for the support they provide to their loved one.

III. Staffing: A sampling of records indicates that criminal background checks were completed on the most recent hires. Orientation is completed with all aides and

they are provided with a notebook containing critical information such as reporting requirements, incident reporting, etc. The consumer and/or family is involved in the hiring of staff in community supports. The staff were able to correctly answer all questions from the staff survey.

IV: Incident Management: This past year, there have been no reports of suspected abuse, neglect, or exploitation to Adult Protective Services for individuals receiving community supports. Incident reports are completed in a timely manner and follow-up is appropriate.

### CONCLUSION

In completing the review, it is apparent that DEAP is providing quality services. The focus is on meeting the unique needs of each individual in a caring, professional manner. DEAP is an asset to the communities they are in and to the families receiving their services.

ANNUAL SUMMARY REPORT FOR CHILD AND FAMILY SERVICES  
(Part C Early Intervention, Children's Waiver Services, and State Funded Services)

GENERAL AREAS:

Administration: DEAP is part way through a 3-year accreditation from the Accreditation Council. Staff and families are aware of or have access to most policies and know where to get clarification if needed on a policy. DEAP's board is made up of a diverse group of people, including consumer representation. DEAP works very well with Eastern Montana Industries (an adult service provider serving many of the same communities). DEAP's A-133 audit indicated their fidelity bond was below the required amount. This has been corrected by raising the fidelity bond. A review of Appendix I found no areas of concern. All Family Support Specialists carry either a provisional or full certification. DEAP was very helpful in scheduling family visits, arranging for the review of files and other information, and in answering questions or providing clarifications that arose during the review. DEAP maintains complete records for all children receiving services. These records include eligibility information, IFSPs, contact logs, home visit records, assessment, etc. The records also document each contact with or on behalf of an eligible children and family and describe the service(s) provided.

SPECIFIC SERVICES OF THE PROVIDER:

**A. Family Education and Support Services:** As part of the FES review, I went on 3 home visits for individual receiving general fund FES services, I reviewed the files of 5 individuals receiving general fund services, part C, and IFES services, and reviewed the files of 2 individuals who chose to exit services.

The agency maintains complete child and family records for each of the children in the review. This was verified by the file review. The file review also showed family service records are maintained which document each contact with or on behalf of an eligible child or family.

A review of the screening and selection documentation along with participation in a screening meeting, shows that DEAP's screening and selection process for state-funded FES services is consistent with the Department rules. A review of billing records shows that no individuals reviewed had been served concurrently by state-funded, Part C and IFES services. The necessary eligibility documentation after age 6 was available, as required, for the three appropriate individuals receiving general fund FES services.

DEAP provides services coordination services to children and their families. The FSS accompanied one family to a heart specialist and to E&D clinic. Another family had the FSS accompany them to a meeting with Head Start. Coordination with other agencies is done to better meet the needs of the child and family. The family support specialists do this in a variety of ways including attending doctor appointments, therapy appointments, meeting with adaptive equipment specialists, and meeting with school personnel.

For each person in the review, a current IFSP was written, signed and being implemented. Each IFSP contained all the necessary information. All items on cost plans were directly related to an objective in the IFSP. Families verified that outcomes and objectives were modified as child or family needs changed. In each file was documentation of written notice of IFSP meetings. IFSPs are reviewed at 6-month intervals and rewritten on a yearly basis.

Home visits verified that families are the primary decision makers in the service delivery. Families assist in choosing ancillary service providers such as occupational therapy or physical therapy. Families assist in the hiring and training of habilitation aides and respite providers.

Resources and support services identified on the IFSP were being provided to each family that participated in a home visit and to each individual who was in the file review. During the review of the service delivery, no gaps were identified between the planned versus actual service delivery.

A review was done of the files of 2 children found not eligible for services. Families were given information about other potential services available. As appropriate, families were also referral to other agencies if they desired.

DEAP has numerous procedural safeguards in place for the agency and the families they serve. There is documentation of proof of liability insurance for transportation providers. On at least a yearly basis, families are provided with a copy of the internal complaint procedure and appeal process. This information is also reviewed with them by the FSS. DEAP's policy on confidentiality includes information on collection, storage, disclosure, and destruction of personally identifiable information. During the review, I found no concerns regarding the confidentiality of information. Families all verified they have access to the child and family record. Information on services is received in the family's native language of typical means of communication and the information is jargon-free. DEAP has a policy requiring that all services be non-discriminatory. A review of files showed that documentation is routinely secured before evaluations are conducted, before services are begun, and before information is release to or gathered from other sources. Families are informed in writing that services are voluntary. All Family Support Specialist carry either a Primary or Comprehensive FSS certification. The files of two individuals who left services voluntarily were reviewed. The review indicates exit policy was followed. One family left the state and they were given the phone number of an agency in the state they were moving to. Another family chose to terminate services unless they were court ordered. DEAP explained to the family they could contact DEAP again if they became interested in services.

DEAP submits a monthly waiting list to the DDP regional office. ICAPS are completed and submitted for each child on the waiting list and for each child enrolled in services to the DDP regional office. The regional office is notified on the Client Status Sheet of any changes in services for individuals. The staff-to-individuals served ratio is within the specified ratio identified in Appendix I. Families who are on the waiting list for general

fund FES services are contacted at least every six to determine their continuing need for services and to update any information. A review of IFSPs and cost plans indicates DPHHS-funded programs are payer of last resort.

**B. Part C Early Intervention Services:** As part of the Part C review, I observed home visits for 3 individuals/families receiving Part C services ( . . . . .). I reviewed 5 files of individuals receiving Part C services (files of home visit individuals, . . . . .), and 2 files of individuals found to be not eligible for Part C services . . . . .

In the communities DEAP serves, they participate in a variety of public awareness campaigns and child find activities. Including coordinating with the local school districts for child find activities. DEAP also participates in community health fairs, does public service announcements, and is visible at many community activities. They continue to work with local medical providers and other agencies regarding Part C Early Intervention services. Families heard about DEAP services through a variety of sources including doctors, hospitals, and their evaluation and diagnosis clinic.

Eligibility information was reviewed for 5 individuals receiving Part C services and 2 individuals who were found to not be eligible for services. The assessments and evaluations used were individualized and multidimensional. The documentation showed that the 5 individuals receiving services were eligible under the State definition. Records show that children are exited from services when they reach 3 years of age. Children that were found eligible for services did not have those services delayed as a result of the eligibility process. DEAP staff met one family before the mother and child were released from the hospital. The two individuals found to not be eligible for services were given resource materials on child development and encouraged to contact DEAP again if they continued to have concerns regarding the development of their child.

A review of intake/referral documents shows that contact was made with families within two working days of the initial referral. Evaluations are completed and IFSP implemented within 45 days of the referral date. A transition plan was in place for one child who was nearing her third birthday. I also reviewed a child in general FES who had recently been in Part C services. There had been a transition plan in place for this young girl also. As verified by families or a review of the file, all families are aware from the time services begin that Part C services will end when their child reaches age three. DEAP has interagency agreements in place with local education agencies which support the smooth transition of children and families to preschool services. Families are generally given the "1<sup>st</sup> Steps" book, which explains the differences and similarities between Part C and Part B services.

DEAP has the appropriate procedural safeguards in place for children and families receiving Part C services. These safeguards are reviewed on a regular basis with families and families are given a copy of the safeguards. The IFSP includes a provision which allows families to approve a portion of services without jeopardizing the provision of other services.



**C. Children's Waiver Services (IFES):** As part of the review of Children's Waiver Services (IFES), I reviewed 5 files. I also went on a home visit to 3 of the individuals who were in the file review.

All children receiving IFES services are eligible for the service. No individuals receiving services in IFES are enrolled in the Physically Disabled Waiver or are receiving Targeted Case Management. Parents are informed of the feasible alternatives available under the IFES services program, this includes an ICF/MR as a choice.

DEAP has one individual residing in a foster home. The family was recruited by DEAP but in cooperation with Child and Family Services/DPHHS. DDP was informed of the possibility of the foster placement as soon as it became known to DEAP. The foster family is licensed through the State of Montana. A copy of the foster home license is kept in the child's file. The foster family met the child and family before the placement began. A trial placement took place before a full foster plan was developed. Only one individual is placed in the foster home. The individual and the foster family both seem very happy with the plan.

All individuals in IFES services have a current IFSP. The habilitation programs identified in the IFSP are being carried out as written. The services identified in the IFSP and corresponding cost plan were being delivered to each individual in the review. Individuals and their families are notified on a yearly basis that services are portable.

As individuals prepare to transition into adult services, DEAP assists with the transition planning. Adult service options and case management services are explained to families. For individuals who are nearing a transition age, the IFSP does include specific goals related to the smooth transition into adult services and case management. Families are also informed at the time services begin that they may end if the IFSP determines that IFES services are no longer required or if the IFSP team determines that the needs of the child exceed the available resources.

Any adaptive equipment purchases exceeding \$4,000 have the approval of the DEAP Board of Directors and DDP. A review of cost plans indicates that all adaptive equipment and environmental modifications meet waiver criteria. All cost plans are reviewed and revised as necessary at six-month intervals.

A review of family visit records documents at least one monthly contact with or on behalf of the family/child. Those contacts are for the purpose of providing support coordination, direct services, or to provide supervision and consultation to subcontracted personnel. The aide, the family, and the DEAP FSS sign the contract for habilitation aides.

As opening occur, the DDP Regional Office is notified within 10 working days of the opening and complete referral packets are submitted within 10 working days of the screening date.

In conclusion, DEAP continues to provide quality services in southeastern Montana. During the home visits, the commitment of each FSS to the family they are working with was apparent. The Family Support Specialists are seen modeling appropriate interactions with children. They lead community playgroups and community parenting support groups. DEAP continues to be visible and positive presence in the communities.